## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90098 003 \*\*\*150.00

| i, corporation  | MENT # P96000<br>PERSIFIED, INC.                     | 023         | 3526                      |                |                 |                  |   |                 |                |                 |     |
|---|--|-------------|---------------------------|----------------|-----------------|------------------|---|-----------------|----------------|-----------------|-----|
| Principal Place   | of Rusiness  | Ma          | ailing Address            |                |                 |                  | {   | <b>        </b> |                | INESE ESTE SEEL |     |
| ,   |  |             | RIVERFRONT DRIVE          |                |                 |                  |   |                 |                |                 |     |
| 37 RIVERFRONT DRIVE 37 RIVERFRONT DRIVE VENICE FL 34293 VENICE FL 34293 |  |             |                           |                |                 |                  |   |                 |                |                 |     |
| VERTOC 1 C 342.   | ~  |             |                           |                |                 |                  | DO NOT WRIT   | E IN THIS       | SPACE          |                 | 1   |
|   |  |             |                           |                |                 |                  | 3. Date Incorporated or Qualifed                      |                 |                |                 | 1   |
| ,   |  |             |                           |                |                 |                  | 03/15/1996  |                 |                |                 | 1   |
| 2. Principal Pl   | ace of Business                                      | 2a.         | Mailing Address           |                |                 |                  | 4. FEI Number   |                 | <del></del>    | olied For       | 1   |
| 21  |  | 26          |                           |                |                 |                  | <u>65-0660437</u>                                     |                 |                | t Applicable    | 1   |
| Suite, Apt.   | #, etc.  |             | Suite, Apt. #, etc.       |                |                 |                  | 5. Certifcate of Status Desired                       |                 | \$8.75 A       |                 |     |
| 22  |  | 27          |                           |                |                 |                  |   |                 | ==Fee:Re       | <del></del>     | -   |
| City & State  | e  |             | City & State              |                |                 |                  | 6. Election Campaign Financing                        |                 | \$5.00         |                 |     |
| 23  |  | 28          |                           |                |                 |                  | Trust Fund Contribution                               |                 | Added to       | o Fees          | ┨   |
| Zip   | Country  |             | Zip                       | Country        | <b>y</b>        | 7                | 8. This corporation owes the curre                    | ent year Inta   | ingible<br>Yes | □No             | 1   |
| 24  | 25   | 29          |                           | 30             |                 |                  | Personal Property Tax.  10. Name and Address of New R | ogistered (     |                |                 | 1   |
|   | 9. Name and Address of Current                       | Regis       | tered Agent               | 81             | N:              | ame              | 10. Maine and Address of Note It                      | - Brotonou /    |                |                 | 1   |
| RAP.  | TELME, RICHARD J                                     |             |                           |                | 1_              |                  |   |                 |                | <u></u>         | 1   |
| 37 RIVERFRONT DRIVE   |  |             |                           |                |                 | reet Addres      | ss (P.O. Box Number is Not Accepta                    | ble)            |                |                 |     |
|   | CE FL 34293  |             |                           | 83             | <del>. </del> - |                  |   |                 |                |                 | 1   |
|   |  |             |                           |                |                 |                  |   |                 |                |                 | 1   |
|   |  |             |                           | 84             | Ci              | ity              |   | FI              | 85 Zip C       | Code            |     |
| Ad Durawant   | to the provisions of Sections 607.0502               | and 6       | 07 1508 Florida Statute   | s the abov     | /e-na           | med corpo        | ration submits this statement for the                 | purpose of      | changing its   | registered      | 1   |
| office or r   | anistored agent, or both, in the State (             | of Florid   | da. Such change was au    | thonzea by     | /tne            | corporation      | 's board of directors. I hereby accep                 | t the appoir    | ntment as reg  | gistered        |     |
| agent. I a  | m familiar with, and accept the obligat              | ions of     | , Section 607.0505, Flori | da Statute:    | s.              |                  |   |                 |                |                 |     |
| SIGNATURE   | Signature, typed or printed name of registered agent | t and title | if apolicable. (NOTE: I   | Registered Age | ent sign        | ature required v | when reinstating)                                     | DATE            |                |                 | ; ا |
| 12.   | OFFICERS AN  |             |                           | 13.            |                 | <u> </u>         | ADDITIONS/CHANGES TO OF                               | FICERS AN       | D DIRECTO      | RS IN 12 -      | ] } |
| TITLE   | PD   |             | ☐ DELETE                  | 1.1 TITLE      |                 |                  |   |                 | ☐ Change       | ☐ Addition      | 3   |
| NAME )  | BARTELME, RICHARD J                                  |             |                           | 1.2 NAME       |                 | 1                |   |                 |                |                 | };  |
| STREET ADDRESS  | 37 RIVERFRONT DRIVE                                  |             |                           | 1.3 STREE      | ET ADD          | RESS             |   |                 |                |                 |     |
| CITY-ST-ZIP   | VENICE FL 34293                                      |             |                           | 1.4 CITY-1     | ST-ZIP          |                  |   |                 |                |                 | 18  |
| TITLE   | STD  |             | ☐ DELETE                  | 2.1 TITLE      |                 |                  |   |                 | Change         | ☐ Addition      | '   |
| NAME  | BARTELME, ALICE M                                    |             |                           | 2.2 NAME       |                 |                  |   |                 |                |                 |     |
| STREET ADDRESS  | 37 RIVERFRONT DRIVE                                  |             |                           | 2.3 STRES      | ET ADD          | RESS             |   |                 |                |                 | {   |
| <br> -CitY∜ST÷ZIP <sup>&gt;</sup> =>                                    | -VENICE-FL=34293                                     | بنوشت       |                           | 2.4 CHY        | ST-ZIF          | , <u> </u>       |   |                 |                |                 |     |
| TITLE   | VD .   |             | ☐ DELETE                  | 3.1 TITLE      |                 |                  |   |                 | ☐ Change       | Addition        |     |
| NAME  | BARTELME, ROBART A                                   |             |                           | 3.2 NAME       |                 | 1                |   |                 |                |                 | 1   |
| STREET ADDRESS  | 230 TIMBER LAKE CIRCLE STE                           | 203         |                           | 3.3 STREE      | ET ADD          | RESS             |   |                 |                |                 |     |
| CITY-ST-ZIP   | NAPLES FL 33942                                      |             |                           | 3.4. CITY-     | ST-ZIF          | ·                |   |                 |                |                 | -   |
| TITLE   |  |             | ☐ DELETE                  | 4.1 TITLE      |                 | Ì                |   |                 | Change         | Addition        | 1   |
| NAME  |  |             |                           | 4. 2 NAME      | <u> </u>        |                  |   |                 |                |                 |     |
| STREET ADDRESS  | ,  |             |                           | 4.3 STREI      | ET ADD          | RESS             |   |                 |                |                 |     |
| CITY-ST-ZIP   |  |             |                           | 4.4 CITY-      | ST-ZIP          | ·                |   |                 |                | □ A 11W         | -   |
| TITLE   |  |             | ☐ DELETE                  | 5.1 TITLE      |                 |                  |   |                 | Change         | ☐ Addition      | -   |
| NAME  |  |             |                           | 5.2 NAME       |                 |                  | ,   |                 |                |                 |     |
| STREET ADDRESS  |  |             |                           | 5.3 STRE       |                 | - 1              |   |                 |                |                 |     |
| CITY-ST-ZIP   |  |             |                           | 5.4 CITY-      |                 | <u></u>          |   |                 |                | (T) A ARROY     | 4   |
| TITLE   |  |             | ☐ DELETE                  | 6.1 TITLE      |                 | }                | •   |                 | ☐ Change       | Addition        | 1   |
| NAME .  |  |             |                           | 6.2 NAME       |                 |                  |   |                 |                |                 |     |
| OTDEET ADDRESS  | 1  |             |                           | 6.3 STRE       | ET ADO          | RESS             |   |                 |                |                 | 1   |

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS